11/22/2006 14:55

Image# NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions) This form should be filed after the Committee qualifies as a multicandidate committee. 1. (a) NAME OF COMMITTEE IN FULL **ACTON PAC** (b) Number and Street Address P.O. Box 442 2. FEC IDENTIFICATION NUMBER C00411579 (c) City, State and ZIP Code TYPE OF COMMITTEEcheck one) STATE PARTY Sharpsburg GΑ 30277 I certify that **one** of the following situations is correct (complete line 4 or 5): STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) and simultaneously qualified as a multicandidate committee through its affiliation with: Committee Name: -FEC Identification Number: STATUS BY QUALIFICATION: 5. (a) candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY state party committees may leave this blank.): Office Sought State/District Date Name (i) NV 02 07/24/2006 Angle for Congress House (ii) **GRAF FOR CONGRESS** 10/09/2006 House ΑZ 08 (iii) Wakim for Congress House WV 01 10/09/2006 (iv) Bill Sali for Congress 10/09/2006 House ID 01 (v) John Sweeney for Congress House NY 20 10/09/2006 (b) Contributors: The committee received a contribution from its 51st contributor 10/16/2006 Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 05/11/2005 (d) Qualification: The committee met the above requirements on: 10/16/2006 I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct, and complete. TYPE OR PRINT NAME OF TREASURER SIGNATURE OF TREASURER DATE Electronically Filed by Joan Westmoreland 11/22/2006 Joan Westmoreland Note: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 437g.

For further information contact:
Federal Election Commission, Washington, DC 20463
Toll-free 800-424-9530
Local 202-694-1100

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

FEC FORM 1 M